

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000000802

**Entity Name:** SWAMP HAVEN RESCUE, INC.

**Current Principal Place of Business:**

41 SOUTH TWIN MAPLE RD  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

99 KING STREET #4098  
ST. AUGUSTINE, FL 32085

**FEI Number:** 47-2921848

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FISHER, CHELSEA  
41 SOUTH TWIN MAPLE RD  
ST. AUGUSTINE, FL 32084 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CHRISTENSEN, TORI  
Address 450 CASUARINA CIRCLE  
City-State-Zip: ST. AUGUSTINE FL 32086

Title S  
Name FISHER, CHELSEA  
Address 41 SOUTH TWIN MAPLE RD  
City-State-Zip: ST. AUGUSTINE FL 32084

Title T  
Name WELCH, MAX  
Address 450 CASUARINA CIRCLE  
City-State-Zip: ST. AUGUSTINE FL 32086

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TORI CHRISTENSEN

**PRESIDENT**

**03/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date